## L10000070099

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B. KOHR

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**EXAMINER** 

10 OCT 19 PM 1:55

## **COVER LETTER**

TO:	Registration So Division of Co		e i e e	Port South	
SUBJECT: The mad			Proper Group, Ilc	O. 40/14	
SUBSE	,		ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	1,	
Please	return all correspo	ondence concerning this matter	to the following:		
			lared Matthew Weiss Name of Person		
			wante of reison		
The madProper Group lic					
Firm/Company					
3555 Meadowbrook Way					
Address					
Davie, FL 33328					
	City/State and Zip Code				
		E-mail address: (i	natthewweiss@gmail.com to be used for future annual report notifical	ion)	
For fur	ther information of	concerning this matter, please c	all:		
		dam Losey	at (_407 )24	44-7136	
	Name o	of Person	Area Code & Daytime T	elephone Number	
Enclos	ed is a check for t	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The madProper Group, lic (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_July 01, 2010 Florida document number <u>L10000070099</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tipster Software LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Address **Type of Action** <u>Name</u> ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 14 Signature of a member or authorized representative of a member Jared Matthew Weiss
Typed or printed name of signee

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Filing Fee: \$25.00